

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000149

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details. *Please answer all of the questions listed below.*

Number of People on Trip: 2
Name of Person Attending: Jim Schipper Working Title: Superintendent of Banking
Department: Commerce Division/Bureau/Section: Banking Division/Bank Bureau
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)
City (Cities) Traveling To: Seattle, Washington Dates of Travel: 5/15 to 5/19/2011

Funding Source: ☒ Appropriated State: % ☐ Federal: % ☒ Other: 100% If Other, Specify: Industry fees authorized by appropriation
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 2621.00

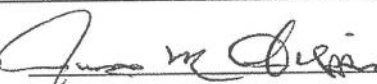
Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date: Sent 3/23/2011

Reason for Travel Waiver (Select one) _____

- ☒ Fulfills statutorily required duties (Cite the specific statute) 524.102; 524.208; and 524.213
☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Department Director Signature  Date: 3/16/2011

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

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Executive Council

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EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

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This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
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Number of People on Trip: 2

Name of Person Attending: Vaughn Noring Working Title: Bank Bureau Chief

Department: Commerce Division/Bureau/Section: Banking Division/Bank Bureau

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Seattle, Washington Dates of Travel: 5/15 to 5/19/2011

Funding Source: ☒ Appropriated State: % ☐ Federal: % ☒ Other: 100% If Other, Specify: Industry fees authorized by appropriation
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 2621.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date: Sent 3/23/2011

Reason for Travel Waiver (Select one)

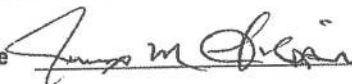
☒ Fulfills statutorily required duties (Cite the specific statute) 524.102; 524.208; and 524.213

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)

☐

Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Department Director Signature



Date: 3/16/2011

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Out-Of-State Travel Waiver Justification

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Please answer all of the questions listed below.

Number of People on Trip: 1
Name of Person Attending: Jessica O'Riley Working Title: Tourism Communications Manager
Department: DED Division/Bureau/Section: Comm. Dev. / Tourism
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)
City (Cities) Travelling To: Chicago, IL Dates of Travel: April 6-10, 2011
Funding Source: ☒ Appropriated State: 100% ☐ Federal: 0% ☐ Other: 0% If Other, Specify: _____
(If the appropriated state funds is 0% - you do not need this waiver)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1034
Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒
If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: Feb. 21, 2011
Reason for Travel Waiver (Select one)
☒ Fulfills statutorily required duties (Cite the specific statute) 15.101
☒ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Stories about Iowa will increase traveler spending in the state. In 2009, travel had a \$6.1 billion economic impact.
☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. See

Department Director Signature: [Signature] Date: 3-21-11

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Additional Information to assist you in completing this form.
See Fact Sheet for more complete information.

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Please answer all of the questions listed below.

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Executive Council Approval

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EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

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Please answer all of the questions listed below.

Number of People on Trip: 2
Name of Person Attending: Leon J. Schwartz Working Title: Chief Operations Officer
Department: IPERS Division/Bureau/Section: _____
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)
City (Cities) Traveling To: Toronto, ON Dates of Travel: May 8-12, 2011

Funding Source: ☒ Appropriated State: ____% ☐ Federal: ____% ☒ Other: ____% If Other, Specify: 100% IPERS Trust Fund
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$ 1,868.91

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: March 21, 2011


Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties (Cite the specific statute) Iowa Code 97B.4

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

IPERS has a contract with CEM Benchmarking located in Toronto and the annual fee covers all registration/meal costs for up to three staff to attend their Global Conference. IPERS uses CEM benchmarking services to identify and implement best practices related to pension benefit administration which is the focus of the conference. The FY10 report listed IPERS as the lowest cost system in our peer group but still providing above median service. Mr. Schwartz manages the benchmarking services for IPERS and has been asked to facilitate a hot topic session relating to pension administration at the conference. Best practices for cost containment, service offerings, and communication strategies will be discussed. This opportunity to learn and network with pension systems from around the world that are facing similar challenges to IPERS is unique. The conference is co-hosted by the Ontario Municipal Employees Retirement System where best practices presentations and tours of their operational facilities will provide an opportunity not available elsewhere.

Department Director Signature  Date: 3/23/11

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Please answer all of the questions listed below.

Number of People on Trip: 2

Name of Person Attending: Judy Akre Working Title: Communications Director

Department: IPERS Division/Bureau/Section: _____

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Toronto, ON Dates of Travel: May 8-12, 2011

Funding Source: ☒ Appropriated State: % ☐ Federal: % ☒ Other: % If Other, Specify: 100% IPERS Trust Fund
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$ 1,868.91

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: March 21, 2011

Reason for Travel Waiver (Select one)

- ☒ Fulfills statutorily required duties (Cite the specific statute) Iowa Code 97B.4
- ☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

IPERS has a contract with CEM Benchmarking located in Toronto and the annual fee covers all registration/meal costs for up to three staff to attend their Global Conference. IPERS uses CEM benchmarking services to identify and implement best practices related to pension benefit administration which is the focus of the conference. Specific communications best practices learned from CEM in the past include significant improvements in IPERS member's annual statements and a sharper focus on the timing of when members can best use information from IPERS. Ms. Akre is responsible for providing the best member and employer communications at the lowest possible cost. This conference will highlight proven communication best practices in the public pension industry including sessions on social media and member communication, managing member relationships, the importance of a cost effective yet member service focus, and the use of digital customer service to reduce pension administration costs. This opportunity to learn and network with pension systems from around the world that are facing similar challenges to IPERS is unique. The conference is co-hosted by the Ontario Municipal Employees Retirement System where best practices presentations on their integrated member communications strategy and their evolving corporate communications program along with tours of their operational facilities will provide an opportunity not available elsewhere.

Department Director Signature  Date: 3/23/11

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See Fact Sheet for more complete information.

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Executive Council Approval

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Please answer all of the questions listed below.

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EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

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See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 3 Contact E-mail: Becky.criswell@blind.state.ia.us
Name of Person Attending: Becky Criswell Working Title: Independent Living Supervisor
Department: Iowa Department for the Blind Division/Bureau/Section: Field Operations

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: San Diego, CA Dates of Travel: 05/02/2011 – 05/06/2011
(If after June 30, 2011 – you **DO NOT** need this waiver.)

Funding Source: ☒ Appropriated State: 4% ☒ Federal: 96% ☐ Other: % If Other, Specify:
(If the coding for the travel claim is appropriation 0000 – you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 2,690.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties. (Cite the specific statute.)
- ☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

Attendance at the National Rehabilitation Leadership Institute for Becky Criswell, Beth Hirst, and Megan Johnson was budgeted in a federal grant application submitted in June, 2010, which was

approved by the federal agency on that basis. Further, the entire grant for the current year requires a matching commitment of only \$797 and the department has already expended sufficient funds to meet the matching requirement. The above reference grant application especially cited the need to upgrade the technology skills of the staff as well as the need for succession planning and leadership training among the department's training needs.

The training comes at a very small cost at this point, and therefore, the benefits far surpass the expense.

Department Director Signature: Karen Keninger Date: 03/23/2010

Department Director Printed Name: Karen Keninger

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EXECUTIVE COUNCIL

Out-Of-State Travel Waiver Justification

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Please answer all of the questions listed below.

Number of People on Trip: 3 Contact E-mail: Megen.johnson@blind.state.ia.us

Name of Person Attending: Megen Johnson Working Title: Vocational Rehabilitation Supervisor

Department: Iowa Department for the Blind Division/Bureau/Section: Field Operations

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: San Diego, CA Dates of Travel: 05/02/2011 – 05/06/2011
(If after June 30, 2011 – you **DO NOT** need this waiver.)

Funding Source: ☒ Appropriated State: 4% ☒ Federal: 96% ☐ Other: % If Other, Specify:
(If the coding for the travel claim is appropriation 0000 – you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 2,690.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties. (Cite the specific statute.)

☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

Attendance at the National Rehabilitation Leadership Institute for Becky Criswell, Beth Hirst, and Megen Johnson was budgeted in a federal grant approved by the federal agency on that basis. Further, the entire grant for the current year requires a matching commitment of only \$797 and the department has already expended sufficient funds to meet the matching requirement. The above reference grant application especially cited the need to upgrade the technology skills of the staff as well as the need for succession planning and leadership training among the department's training needs.

The training comes at a very small cost at this point, and therefore, the benefits far surpass the expense.

Department Director Signature: Karen Keninger Date: 03/23/2010

Department Director Printed Name: Karen Keninger

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Executive Council

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Out-Of-State Travel Waiver Justification

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Please answer all of the questions listed below.

Number of People on Trip: 1

Name of Person Attending: Jody Holmes Working Title: CORE Unit Manager / ICD-10 Project Manager

Department: Human Services Division/Bureau/Section: Iowa Medicaid Enterprise Administration

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Chicago, Illinois Dates of Travel: 4/12/2011 - 4/14/2011

Funding Source: ☒ Appropriated State: 10% ☒ Federal: 90% ☐ Other: % If Other, Specify:
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$40507.25

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute)

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

JV 3/18/11

Travel is necessary to attend training on the ICD-10 Implementation Requirements. The change-over to ICD-10 diagnosis and procedure codes is a \$20 million project over 3 years, and must be completed by 10/2013 according to federal register 45 CFR Part 162 CMS-0013-F published 1/16/2009. Learning from CMS and other states will allow Iowa to more effectively manage the implementation and reduce risks. Information gathered will be well worth the \$100 state funds investment.

Department Director Signature *Con Palmer* Date: 3-22-11

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APPROVED
Executive Council
MAR 28 2011

Executive Council Approval

*Additional information to assist you in completing this form.
See Fact Sheet for more complete information.*

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

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Please answer all of the questions listed below.

Number of People on Trip: 2

Name of Person Attending: Joshua Happe Working Title: Investigator

Department: Inspections and Appeals Division/Bureau/Section: Investigations

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Kansas City, MO Dates of Travel: 4/11/2011-4/15/2011

Funding Source: ☐ Appropriated State: % ☐ Federal: % ☒ Other: 100% If Other, Specify: NAMFCU travel grant
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$729.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date: Submitted for 3.28

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute) _____

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Pursuant to 42 CFR 1007, OIG is delegated the authority to certify and annually recertify each MFCU and provide 75% of the MFCU funding. OIG assesses whether Units operate in accordance with 12 published performance standards and makes recommendations and, where appropriate, suggests opportunities for improvement. Performance standard # 12 requires MFCU to maintain an annual training for staff. All staff are required to attend MFCU 101 and 102. Mr. Happe has attended 101. Failure to obtain the requisite training may result in noncompliance with federal standards that could cause the loss of funds or could cause penalties to be assessed against the state.

Department Director Signature Bob Roberts Date: 3-22-11

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Out-Of-State Travel Waiver Justification

000161

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Please answer all of the questions listed below.

Number of People on Trip: 2

Name of Person Attending: Linda Ciprich Working Title: Auditor

Department: Inspections and Appeals Division/Bureau/Section: Investigations

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Kansas City, MO Dates of Travel: 4/11/2011-4/15/2011

Funding Source: ☐ Appropriated State: % ☐ Federal: % ☒ Other: 100% If Other, Specify: NAMFCU travel grant
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$729.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date: Submitted for 3/28

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute) _____

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Pursuant to 42 CFR 1007, OIG is delegated the authority to certify and annually recertify each MFCU and provide 75% of the MFCU funding. OIG assesses whether Units operate in accordance with 12 published performance standards and makes recommendations and, where appropriate, suggests opportunities for improvement. Performance standard # 12 requires MFCU to maintain an annual training for staff. All staff are required to attend MFCU 101 and 102. Ms. Ciprich has attended 101. Failure to obtain the requisite training may result in noncompliance with federal standards that could cause the loss of funds or could cause penalties to be assessed against the state.

Department Director Signature Bod Roberts Date: 3-22-11

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Out-Of-State Travel Waiver Justification

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Please answer all of the questions listed below.

Number of People on Trip: 1
Name of Person Attending: Chandler Parsons Working Title: Environmental Specialist
Department: Public Defense Division/Bureau/Section: military
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)
City (Cities) Traveling To: Nashville, TN Dates of Travel: 3/20/11 - 3/25/11
Funding Source: ☒ Appropriated State: 25 % ☒ Federal: 75 % ☐ Other: % If Other, Specify:
(If the appropriated state funds is 0% - you do not need this waiver)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc.): \$ 1335.00
Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒
If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: 1/31/11
Reason for Travel Waiver (Select one)
☐ Fulfills statutorily required duties (Cite the specific statute)
☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)
☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.
Airfare has been paid for. In order to get the 75% Federal match we have to spend the 25% state money. Money was set aside for training.
Department Director Signature: Duane H. Jamison Date: 3-8-11
For: MG Timothy Orr
The Adjutant General

This form must be signed by the Department Director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council

MAR 28 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000163

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2
Name of Person Attending: Bill Mulstay Working Title: Electrician
Department: Public Defense Division/Bureau/Section: military
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)
City (Cities) Traveling To: Spokane, Wa Dates of Travel: 3/20/11 - 3/26/11
Funding Source: ☒ Appropriated State: 25% ☒ Federal: 75% ☐ Other: % If Other, Specify:
(If the appropriated state funds is 0% - you do not need this waiver)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$ 3078.00
Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒
If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: 2/7/11
Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties (Cite the specific statute)
☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)
☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Airfare and Registration has been paid. In order to get the 75% Federal match we have to spend the 25% State money. Required to keep Certification

Department Director Signature Deane A. Morrison Date: 3-8-11
For: MG Timothy Orr

This form must be signed by the Adjutant General or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council

MAR 28 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000164

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1
Name of Person Attending: Kevin Thomas Working Title: Electrician
Department: Public Defense Division/Bureau/Section: military
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)
City (Cities) Traveling To: Spokane, wa Dates of Travel: 3/27/11 - 4/2/11
Funding Source: ☒ Appropriated State: 25 % ☒ Federal: 75 % ☐ Other: % If Other, Specify:
(If the appropriated state funds is 0% - you do not need this waiver)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$ 3078.00
Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒
If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: 2/7/11
Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties (Cite the specific statute)
☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)
☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Airfare and registration has been paid. In order to get the 75% Federal match we have to spend the 25% state money. Required to keep certification

Department Director Signature Duane Spinnison Date: 3-8-11

For: MG Timothy Orr
The Adjutant General
This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

*Additional information to assist you in completing this form.
See Fact Sheet for more complete information.*

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval
APPROVED
Executive Council

MAR 28 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000165

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1

Name of Person Attending: Michael Vogt Working Title: Museum Curator

Department: Public Defense Division/Bureau/Section: Military

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Omaha, NE Dates of Travel: 3/2/11 - 3/5/11

Funding Source: ☒ Appropriated State: 100% ☐ Federal: % ☐ Other: % If Other, Specify:
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$ 250.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: 2/28/11

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute)

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

The registration for this conference has been paid

Department Director Signature: MG Timothy Orr Date: 3-8-11

This form must be signed by the Department Head or Agency director. Email a PDF of the form to executivecouncil@iowa.gov

*Additional information to assist you in completing this form.
See Fact Sheet for more complete information.*

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council
MAR 28 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000166

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1

Name of Person Attending: Kevin Jacobson Working Title: Env Specialist 2

Department: Public Defense Division/Bureau/Section: military

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Nashville, TN Dates of Travel: 3/19/11 - 3/26/11

Funding Source: ☒ Appropriated State: 25% ☒ Federal: 75% ☐ Other: % If Other, Specify:
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1772.30

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: 1/31/11

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute)

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Airfare has been paid for. In order to get the 75% Federal match we have to spend the 25% state money. Money set aside for training.

Department Director Signature: Duane Harrison Date: 3-8-11

For: **MG Timothy Orr**
The Adjutant General

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council
MAR 28 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000167

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1

Name of Person Attending: Paula Zamora Working Title: Information Technology Specialist

Department: Public Defense Division/Bureau/Section: Military

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Tulsa, OK Dates of Travel: 3/16/11 - 3/21/11

Funding Source: ☒ Appropriated State: 75% ☒ Federal: 25% ☐ Other: % If Other, Specify:
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$672.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: 2/14/11

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute)

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Contract for training has been signed and obligated. Training is needed to advance the automation and transparency of the Department of Public Defense business transactions. Future savings will be realized by this training.

Department Director Signature: Duane Jensen Date: 3-8-11
MG Timothy Orr
For: The Adjutant General

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council

MAR 28 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000168

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2

Name of Person Attending: Stanley Nielsen Working Title: Electrician

Department: Public Defense Division/Bureau/Section: military

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Spokane, wa Dates of Travel: 3/20/11 - 3/27/11

Funding Source: ☒ Appropriated State: 25% ☒ Federal: 75% ☐ Other: % If Other, Specify:
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$ 2874.28

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: 2/7/11

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute)

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Airfare and Registration has been paid. In order to get the 75% Federal match we have to spend the 25% state money. Required to keep certification

Department Director Signature Duane Jamison Date: 3-8-11

For: MG Timothy Orr
The Adjutant General

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council
MAR 28 2011

000169

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2 (1 Board Member)

Name of Person Attending: Lloyd K. Jessen Working Title: Executive Director

Department: Public Health Division/Bureau/Section: Board of Pharmacy

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Seattle, WA Dates of Travel: 3/24/11 to 3/29/11

Funding Source: ☐ Appropriated State: % ☐ Federal: % x Other: 100% If Other, Specify: Retained Fees
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 2,306.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: 12/20/2010

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute) _____

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

A nonrefundable airline ticket was purchased and a nonrefundable registration fee was paid before March 7, 2011 (total amount = \$ 967.20)

Department Director Signature Mariamata J. McLean Date: March 16, 2011

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council

MAR 28 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000170

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2

Name of Person Attending: Lynn Linder Working Title: Operations Officer

Department: IDPH Division/Bureau/Section: Board of Nursing

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Denver, CO Dates of Travel: May 9 – May 11, 2011

Funding Source: ☐ Appropriated State: % ☐ Federal: % ☒ Other: 100% If Other, Specify: Reimbursement (NCSBN)
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1,1524.16

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: Yes: ☒ If Yes, Date: 3/14/2011

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute) _____

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Iowa is the first state to use the CSDC Amanda Licensing/ENF/CE Database and this is an opportunity to get other states informed of the advantage of the Database. The old Database is 10 years old and has not been supported for 2 years. This is an opportunity to obtain support for the process and assist us in keeping data current within the compact. Tools & techniques used to improve Board business & technical functionality will be presented.

Department Director Signature Mariannette Melas, PhD Date: 3/18/11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval
APPROVED
Executive Council
MAR 28 2011

000171
ne 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

Please answer all of the questions listed below.

*(If after June 30, 2011 – you **DO NOT** need this waiver.)*

(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

MAR 28 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000172

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1

Name of Person Attending: Dr. Mariannette Miller-Meeks, MD Working Title: Director

Department: Department of Public Health Division/Bureau/Section: Director

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Washington, DC Dates of Travel: March 5-11, 2011

Funding Source: ☐ Appropriated State: % ☐ Federal: % ☐ Other: 100% If Other, Specify: Expenses paid by ASTHO
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$2,056.44

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: 03/01/11

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute) _____

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

All expenses for this trip were paid for by the Association of State & Territorial Health Officials. The meeting focused on shared experiences between the health officials by bringing new state health officials together with experienced colleagues who have faced similar challenges. She also received training to effectively advocate for public health. ASTHO Hill Day gave ASTHO members the opportunity to personally meet with members of their congressional delegation, many with substantial influence on public health issues.

Department Director
Signature

Mariannette J. Miller-Meeks MD

Date: March 16, 2011

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

APPROVED
Executive Council

MAR 28 2011

EXECUTIVE COUNCIL

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 2
Name of Person Attending: Amy Van Maanen Working Title: Licensure Director, Iowa Board of Medicine
Department: Iowa Department of Public Health Agency: Iowa Board of Medicine
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)
City (Destination): Seattle, WA Dates of Travel: 4/26/2011 - 4/30/2011

Funding Source: ☐ Appropriated State: % ☐ Federal: % ☒ Other: 100% If Other, Specify: Federal ARRA Grant covering \$800 (38%); Board license fees covering \$1,326.97 (62%)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$2156.97

Does this Trip Require Executive Council Approval? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date: (Travel request submitted to IDPH 2/28/2011)

Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties (Cite the specific statute) _____
- ☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

3 back-to-back mtgs: Midwest Licensure Portability Project; Administrators in Medicine (AIM); meeting of Federation of State Medical Boards (FSMB).
Iowa is stakeholder in Midwest project, which could lead to faster licensure of qualified physicians. AIM will include presentations on intrastate exchange of physician licensing information; FSMB will present model projects on physician licensure and regulation that could be applicable in Iowa.

Department Director Signature Mariannette Miller-Morrison Date: 3/18/11

Agency Executive Director: Mark Bowden Mark Bowden, Iowa Board of Medicine 03/16/2011

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

**Additional information to assist you in completing this form.
See Fact Sheet for more complete information.**

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

**APPROVED
Executive Council**

MAR 28 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000174

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2

Name of Person Attending: Gail Beebe Working Title: ITS SPEC 3

Department: IDPH Division/Bureau/Section: Nursing Board

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Denver, CO Dates of Travel: May 9 – May 11, 2011

Funding Source: ☐ Appropriated State: % ☐ Federal: % ☒ Other: 100% If Other, Specify: Reimbursement (NCSBN)
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1,524.16

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒ x

If Yes, Have You Received Approval? No: ☐ Yes: ☒ X If Yes, Date: 3/14/2011

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute) _____

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Iowa is the first state to use the CSDC Amanda Licensing/ENF/CE Database and this is an opportunity to get other states informed of the advantage of the Database. The old Database is 10 years old and has not been supported for 2 years. This is an opportunity to obtain support for the process and assist us in keeping data current within the compact. Tools & techniques used to improve Board business & technical functionality will be presented.

Department Director Signature *Marionette Mearns* Date: 3/18/11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval
APPROVED
Executive Council
MAR 28 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000175

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1

Name of Person Attending: Sharon Dozier Working Title: Professional Licensure Board Executive

Department: IDPH Division/Bureau/Section: APL Bureau of Professional Licensure

Will this trip require an overnight stay outside of Iowa? No: ☒ Yes: ☐ (If No, you do not need this waiver)

City (Cities) Traveling To: Orlando, FL Dates of Travel: April 6-10, 2011

Funding Source: ☐ Appropriated State: % ☐ Federal: % ☐ Other: 100% If Other, Specify: Retained fees (IA Code 147.82)
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1987.76

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: March 7, 2011

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute) _____

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

At the request of the Board of Psychology, Ms. Dozier will attend on their behalf. It is particularly important at this time, because the board is considering a change in the licensure requirements that would have significant administrative and policy impacts. A nonrefundable ticket has been purchased.

Department Director Signature Mariam J. Adams, PhD Date: 3/10/11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council

MAR 28 2011

EXECUTIVE COUNCIL

Out-Of-State Travel Waiver Justification

000176

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 2
Name of Person Attending: Mark Bowden Working Title: Executive Director, Iowa Board of Medicine
Department: Iowa Department of Public Health Agency: Iowa Board of Medicine
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)
City (Destination): Seattle, WA Dates of Travel: 4/26/2011 - 5/1/2011

Funding Source: ☐ Appropriated State: % ☐ Federal: % x Other: 100% If Other, Specify: FSMB covering \$1,800 (88%); Board license fees covering \$234.17 (12%)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$2070.17

Does this Trip Require Executive Council Approval? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date: (Travel request submitted to IDPH 2/28/ 2011)

Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties (Cite the specific statute) _____
- ☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

3 back-to-back mtgs: Midwest Licensure Portability Project; Administrators in Medicine (AIM); meeting of Federation of State Medical Boards (FSMB). Iowa is stakeholder in Midwest project, which could lead to faster licensure of qualified physicians. AIM will include presentations on intrastate exchange of physician licensing information; FSMB will present model projects on physician licensure and regulation that could be applicable in Iowa.

Department Director Signature Marianne Miller-Thurman Date: 3/18/11

Agency Executive Director: Mark Bowden Mark Bowden, Iowa Board of Medicine 03/16/2011

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

**Additional information to assist you in completing this form.
See Fact Sheet for more complete information.**

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

**APPROVED
Executive Council**

MAR 28 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000177

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1

Name of Person Attending: Dr. Mariannette Miller-Meeks, MD Working Title: Director

Department: Department of Public Health Division/Bureau/Section: Director

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Washington, DC Dates of Travel: March 5-11, 2011

Funding Source: ☐ Appropriated State: % ☐ Federal: % ☐ Other: 100% If Other, Specify: Expenses paid by ASTHO
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$2,056.44

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: 03/01/11

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute) _____

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

All expenses for this trip were paid for by the Association of State & Territorial Health Officials. The meeting focused on shared experiences between the health officials by bringing new state health officials together with experienced colleagues who have faced similar challenges. She also received training to effectively advocate for public health. ASTHO Hill Day gave ASTHO members the opportunity to personally meet with members of their congressional delegation, many with substantial influence on public health issues.

Department Director
Signature

Mariannette J. Miller-Meeks MD

Date: March 16, 2011

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

APPROVED
Executive Council

MAR 28 2011

EXECUTIVE COUNCIL

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

000178

Please answer all of the questions listed below.

Number of People on Trip: 1
Name of Person Attending: Mary Hosiman Working Title: Deputy SOS
Department: Secretary of State Division/Bureau/Section: Elections
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)
City (Cities) Traveling To: Auburn, AL Dates of Travel: 3 May 15-22, 2011
Funding Source: ☒ Appropriated State: 100 % ☐ Federal: % ☐ Other: % If Other, Specify:
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 2,802.40

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties (Cite the specific statute)
- ☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Nonrefundable ticket purchased before 3-7-2011 (purchased 3-2-11)

Department Director Signature [Signature] Date: 03/21/11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval
APPROVED
Executive Council

MAR 28 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000179

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2

Name of Person Attending: Rosanne Mead Working Title: Assistant Commissioner

Department: Commerce Division/Bureau/Section: Insurance

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Columbus, OH Dates of Travel: 3/9/11-3/11/11

Funding Source: ☐ Appropriated State: % ☐ Federal: % ☒ Other: 100% If Other, Specify: Exam pd by Company
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 482.82

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: _____

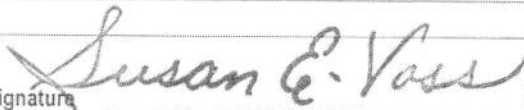
Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties (Cite the specific statute) 505.8

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Department Director Signature



Date: 3/23/11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council
MAR 28 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

180

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 4

Name of Person Attending: Kenneth L. Williams Working Title: Materials Technician 3

Department: Transportation Division/Bureau/Section: Highway/Statewide Ops./Materials

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Denver, Colorado Dates of Travel: April 3-7, 2011

Funding Source: ☒ Appropriated State: 100% ☐ Federal: % ☐ Other: % If Other, Specify:
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$832.50

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties (Cite the specific statute) Iowa Code Section 313.12

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Employee will be taking the falling weight deflectometer pavement testing units to the closest Federal Highway Administration (FHWA) certified calibration facility prior to the start of testing season. Annual calibration is critical for accurate test results and is required by FHWA when the data is to be used for project designs involving federal funds.

Department Director Signature Ky Richardson Date: 3.18.11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council
MAR 28 2011

000181

Please answer all of the questions listed below.

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Page 1 of 1

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000182

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 4

Name of Person Attending: Daniel Judge Working Title: Materials Technician 3

Department: Transportation Division/Bureau/Section: Highway/Statewide Ops./Materials

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Denver, Colorado Dates of Travel: April 3-7, 2011

Funding Source: ☒ Appropriated State: 100% ☐ Federal: 0% ☐ Other: 0% If Other, Specify: _____
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$832.50

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: _____

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties (Cite the specific statute) Iowa Code Section 313.12

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. _____

Employee will be taking the falling weight deflectometer pavement testing units to the closest Federal Highway Administration (FHWA) certified calibration facility prior to the start of testing season. Annual calibration is critical for accurate test results and is required by FHWA when the data is to be used for project designs involving federal funds. _____

Department Director Signature Ky Richardson Date: 3.18.11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council

MAR 28 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000183

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 4

Name of Person Attending: Brent Terry Working Title: Materials Technician 4

Department: Transportation Division/Bureau/Section: Highway/Statewide Ops./Materials

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Denver, Colorado Dates of Travel: April 3-7, 2011

Funding Source: ☒ Appropriated State: 100% ☐ Federal: % ☐ Other: % If Other, Specify:
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$832.50

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties (Cite the specific statute) Iowa Code Section 313.12

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Employee will be taking the falling weight deflectometer pavement testing units to the closest Federal Highway Administration (FHWA) certified calibration facility prior to the start of testing season. Annual calibration is critical for accurate test results and is required by FHWA when the data is to be used for project designs involving federal funds.

Department Director Signature N. Richardson Date: 3.18.11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval
Executive Council
MAR 28 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000184

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 3

Name of Person Attending: Julian Downey Working Title: Safety & Health Consultant

Department: IWD Division/Bureau/Section: Labor OSHA Enforcement

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Arlington Heights, Illinois Dates of Travel: April 4-15, 2011

Funding Source: ☒ Appropriated State: 50% ☒ Federal: 50% ☐ Other: % If Other, Specify:
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$2,165.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties (Cite the specific statute) TED 01-00-018 Initial Training Program for OSHA Compliance Personnel

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Department Director Signature Laura Wallert Date: 3-16-11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council
MAR 28 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000185

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 3

Name of Person Attending: Matthew Van Dyke Working Title: Safety & Health Consultant

Department: IWD Division/Bureau/Section: Labor OSHA Enforcement

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Arlington Heights, Illinois Dates of Travel: April 4-15, 2011

Funding Source: ☒ Appropriated State: 50% ☒ Federal: 50% ☐ Other: % If Other, Specify:
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$2,165.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties (Cite the specific statute) TED 01-00-018 Initial Training Program for OSHA Compliance Personnel

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Department Director Signature Lissa Wahlert Date: 3-16-11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council
MAR 28 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000186

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 3

Name of Person Attending: Marion Mealey Working Title: Safety & Health Consultant

Department: IWD Division/Bureau/Section: Labor OSHA Enforcement

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Arlington Heights, Illinois Dates of Travel: April 4-15, 2011

Funding Source: ☒ Appropriated State: 50% ☒ Federal: 50% ☐ Other: % If Other, Specify:
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$2,165.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties (Cite the specific statute) TED 01-00-018 Initial Training Program for OSHA Compliance Personnel

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Department Director Signature *Laura Wahlert* Date: 3-16-11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

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Please answer all of the questions listed below.

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Please answer all of the questions listed below.

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EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

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This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1 Contact E-mail: Melissa.Speed@dnr.iowa.gov

Name of Person Attending: Mike McGhee Working Title: Executive Officer DNR Lake Restoration

Department: Iowa Department of Natural Resources Division/Bureau/Section: Con/Rec/Fisheries

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Madison, Wisconsin Dates of Travel: 04/03/11-04/05/11
(If after June 30, 2011 – you **DO NOT** need this waiver.)

Funding Source: ☒ Appropriated State: % ☐ Federal: % ☐ Other: % If Other, Specify:
(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$325.00


Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties. (Cite the specific statute.)
- ☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

Mr. McGhee is a regional director for the North American Lake Management Society representing Iowa and three other states. Technical information gathered at this meeting will benefit Iowa's Lake Restoration Program. Mike will also meet with EPA federal employees to explore federal cost/share opportunities.

Department Director Signature:  Date: 3-23-11

Department Director Printed Name: Roger L. Lande

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
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EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

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This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 2 (1 Board Member)

Name of Person Attending: Kent Nebel Working Title: Legal Director, Iowa Board of Medicine

Department: Iowa Department of Public Health Agency: Iowa Board of Medicine

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Destination): Washington, D.C. Dates of Travel: 3/9/11 - 3/11/11

Funding Source: ☐ Appropriated State: % ☐ Federal: % x Other: 100% If Other, Specify: License fees. (not appropriated)
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1,029.55

Does this Trip Require Executive Council Approval? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties (Cite the specific statute) _____
- ☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

The Iowa Board of Medicine is reviewing telemedicine practices to determine if statutes, administrative rules or policy statements are needed to provide guidance to Iowa-licensed physicians who use telemedicine in their practice. The Federation of State Medical Boards is facilitating a nationwide discussion on potential model policies, rules and laws for adoption at the state level.

Department Director Signature Mariannette Miller-Meckes Date: 3/18/11

Agency Executive Director: Mark E. Bowden Mark Bowden, Iowa Board of Medicine 03/16/2011

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

***Additional information to assist you in completing this form.
See Fact Sheet for more complete information.***

- This waiver is required by HF45 from March 7 until June 30, 2011.
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If more than one employee is traveling, a separate form must be completed for each person.

Please answer all of the questions listed below.

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

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If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

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Please answer all of the questions listed below.

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EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 3

Name of Person Attending: Patrick Madigan Working Title: Assistant Attorney General

Department: Justice Division/Bureau/Section: Consumer

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Washington, D.C. Dates of Travel: 3/29-3/30, 2011

Funding Source: ☒ Appropriated State: 100% ☐ Federal: 0% ☐ Other: 0% If Other, Specify: _____
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$3,690⁰⁰

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: _____

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties (Cite the specific statute) Iowa Code 12.2(1)(b)

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Department Director Signature

Date: 3/9/11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
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EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

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This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 3

Name of Person Attending: Tam Ormiston Working Title: Deputy Attorney General

Department: Justice Division/Bureau/Section: Main Office

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☐ (If No, you do not need this waiver)

City (Cities) Traveling To: Washington, D.C. Dates of Travel: 3/28-3/30, 2011

Funding Source: ☒ Appropriated State: 100% ☐ Federal: % ☐ Other: % If Other, Specify:
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$13,690⁰⁰

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

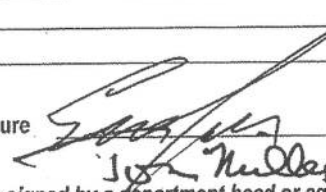
If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties (Cite the specific statute) Iowa Code § 13.2(1)(b)

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Department Director Signature  Date: 3/9/11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
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- This waiver is required by HF45 from March 7 until June 30, 2011.
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